

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7938</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DANIEL</u> <u>LASKY</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 880109</u> Street _____ City <u>Boca Raton</u> State <u>FLORIDA</u> ZIP Code + 4 <u>334880109</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL ORGANIZATION OF JEWELERS Union</u> Labor Organization File Number <u>000-165</u> P.O. Box, Building and Room Number, if any _____ Street <u>148-06 Hillside Avenue</u> City <u>San Jose</u> State <u>NY</u> ZIP Code + 4 <u>11435</u>
5. Position in labor organization. <u>President Emeritus Elect</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/27/05
Date

718-291-3434
Telephone Number

Name of Person Filing <u>Daniel Lasky</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Daniel Lasky
Trade Name, if any:
P.O. Box, Bldg., Room No., if any P.O. Box 880109
Street
City Boca Raton
State FLORIDA ZIP Code + 4 334880109

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NOTU INSURANCE TRUST FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 148-06 Hillside Avenue
City Jamaica
State NY ZIP Code + 4 11435

11.a. Nature of such dealing.

CONSULTING AGREEMENT AS PLAN ADMINISTRATOR

11.b. Approximate dollar value of such dealing.

271,663

12.a. Nature of interest held or income received.

CONSULTING FEES AND EXPENSES paid on his behalf including reimbursed expenses while at fund business.

12.b. Amount.

271,663

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Daniel Lasky	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Daniel Lasky
Trade Name, if any:
P.O. Box, Bldg., Room No., if any P.O. Box 880109
Street
City Boca Raton
State FLORIDA ZIP Code + 4 33488-0109

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NOIU INDIVIDUAL ACCOUNT PLAN
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 148-06 Hillside Ave
City JAMAICA
State NY ZIP Code + 4 11435

11.a. Nature of such dealing.

CONSULTING AGREEMENT AS
PLAN ADMINISTRATOR

11.b. Approximate dollar value of such dealing.

17964

12.a. Nature of interest held or income received.

CONSULTING FEES

12.b. Amount.

17964

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Daniel Lasky</u>		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Kochler & Isaacs</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>61 Broadway</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10006</u></p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>		<p>11.a. Nature of such dealing.</p> <p><u>LABOR ATTORNEY</u></p> <p>11.b. Approximate dollar value of such dealing. <u>10,927</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>WINE BASKET</u></p> <p>12.b. Amount. <u>150</u></p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>		<p>14.a. Nature of payment.</p> <p><u></u></p> <p>14.b. Amount of payment. <u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		

Page 2 of 2

Name of Person Filing <u>Daniel Lasky</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMERICAN MEDICAL & LIFE INS. CO.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 35 BROADWAY
City HICKSVILLE
State NY ZIP Code + 4 11801

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

INSURANCE BROKER

11.b. Approximate dollar value of such dealing.

164

12.a. Nature of interest held or income received.

ROUND OF GOLF

12.b. Amount.

100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.